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MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
1. County	Graham		BUREAU OF VITAL STATISTICS	State Index - - - - No. 110 ✓
District	Safford		ORIGINAL CERTIFICATE OF DEATH	County Registrar's - - No. 90
Town or City	Safford		No. (Morrison Gumb's Hotel)	Local Registrar's - - No. 90
			(If death occurred in a hospital or institution, give its NAME instead of street number).	
2. FULL NAME George Franks Sr.				
(a) Residence No. Safford Arizona			St., Ward.	
(Usual place of abode)			(If non-resident, give city or town and State)	
Length of residence in city or town where death occurred 3 yrs. mos. ds.			How long in U. S. if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED.		
Male	White	Married		
5a. If married, widowed, or divorced				
HUSBAND of (or) WIFE of Gina Franks.				
6. DATE OF BIRTH (month, day and year) July 25-1875				
7. AGE	Years	Months	Days	IF LESS than 1 day
54	1	14		hrs. min.
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work Butcher				
(b) General nature of industry, business or establishment in which employed (or employer)				
(c) Name of employer				
9. BIRTHPLACE (city or town) Wood Haven				
(State or country) N. Y.				
10. NAME OF FATHER Geo Franks				
11. BIRTHPLACE OF FATHER (city or town)				
(State or country) New York				
12. MAIDEN NAME OF MOTHER Anna B. Shaw				
13. BIRTHPLACE OF MOTHER (city or town)				
(State or country) Germany				
14. Informant Daisy Curtis				
(Address) Safford Arizona				
15. Filed 8-19-29 J. N. Strathairn				
Local Registrar.				
V. S. No. 1				
County Registrar.				
MEDICAL CERTIFICATE OF DEATH				
16. DATE OF DEATH (month, day, and year) Sept 9 1929				
17. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1929 to Sept 9, 1929, that I last saw him alive on Sept 7, 1929, and that death occurred, on the date stated above, at 7 a. m. The CAUSE OF DEATH* was as follows: Peritonitis				
(duration) yrs. mos. ds.				
CONTRIBUTORY (Secondary) of pseudotuberculosis				
(duration) yrs. mos. ds. 10				
18. Where was disease contracted if not at place of death? At place of residence				
Did an operation precede death? No Date of				
Was there an autopsy? No				
What test confirmed diagnosis?				
(Signed) J. H. Waugdon M. D.				
(Address) Safford				
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)				
19. PLACE OF BURIAL, CREMATION OR REMOVAL			DATE OF BURIAL	
Hatcher Crig			Sept 11 1929	
20. UNDERTAKER			ADDRESS	
H. C. Rawson			Safford	